


North Carolina



Influencing Environmental and Policy Changes in the Stroke Buckle States

Public Health Problem

Stroke is the third leading cause of death in the United States. States in the Stroke Belt (North Carolina, South Carolina, Georgia, Alabama, Mississippi, Arkansas, Tennessee, and Louisiana) have higher stroke death rates than the rest of the country. Significantly higher rates occur in North Carolina, South Carolina, and Georgia, which make up the Stroke Belt Buckle. Many adults do not know the signs and symptoms of stroke and do not take immediate action. Lack of awareness and prompt response often result in stroke-related death and disability; only 26% of Americans can name the most commonly recognized warning sign of a stroke.

Evidence That Prevention Works

Prevention of stroke disability and death is the best way to reduce the burden of this public health problem. Stroke prevention should include education on the signs and symptoms of stroke, of the need for emergency response (i.e., calling 9-1-1), and about stroke risk factors (high blood pressure, high cholesterol, diabetes, obesity) and lifestyle changes (quitting smoking, increasing physical activity) that can reduce stroke risk.

Program Example

North Carolina, South Carolina, and Georgia formed the Tri-State Stroke Network in 2001. Consisting of 27 members from private and public sectors, the Network strives to increase public awareness of stroke signs and symptoms and when to call 9-1-1, and to enhance the treatment of stroke as a medical emergency. With the establishment of the Network, the three states support system enhancements by sharing limited resources and collaborating on stroke issues. With the addition of new partners, the Network is strengthening its capacity to address the excess burden of stroke in the Stroke Belt region. The Network has increased awareness of the stroke burden among state and local organizations, assessed the reasons for excess in stroke deaths, and examined priority strategies, regulations, and programs to improve stroke prevention. Because of the success of the Tri-State Stroke Network, CDC has funded additional states in the Stroke Belt to implement similar networks.

Implications

This program demonstrates that state health departments are in a position to influence environmental and policy changes within their states by partnering with Emergency Medical System staff to promote statewide availability of 9-1-1, by increasing awareness of the American Heart Association guidelines on stroke signs and symptoms, and by implementing regional stroke networks with other states to share prevention strategies, resources, and partnership opportunities.